

*Original & Both
Photocopy Specified*

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/01/91 56

CLAIMS

#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1				
3	2		1			
4	3					
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TOTAL IND.			6			
TOTAL DEP.						
TOTAL CLAIMS			7			

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IND.	DEP.	IND.	DEP.	IND.	DEP.	
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